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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Namibia

Proposed UNFPA assistance:	$6.1 million, $3.6 from regular resources and $2.5 from multi-bilateral and/or other, including regular, resources
Programme period:	4 years (1997-2000)
Cycle of assistance:	Second
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.0	1.8	3.8
Population & development strategies	1.1	.7	1.8
Advocacy	.5	-	.5
Total	3.6	2.5	6.1

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NAMIBIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	68.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	29.0	≥55
Access to basic health services (%)[3]	72.0	≥60
Infant mortality rate (/1000)[4]	60.0	≤50
Maternal mortality rate (/100,000)[5]	370.0	≤100
Gross female enrolment rate at primary level (%)[6]	78.0	≥75
Adult female literacy rate(%)[7]	52.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*

[4] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	1,540	Annual population growth rate (%)	2.6
Population in year 2000 (000)	1,752	Urban	5.3
Sex ratio (/100 females)	99.0	Rural	0.8
Per cent urban	37.4	Crude birth rate (/1000)	35.1
Age distribution (%)		Crude death rate (/1000)	9.2
Ages 0-14	41.9	Net migration rate (/1000)	0.0
Youth (15-24)	19.5	Total fertility rate (woman)	4.90
Ages 60+	5.8	Life expectancy at birth (years)	
Percentage of women aged 15-49	46.6	Males	60.0
Median age (years)	18.9	Females	62.5
Population density (/sq. km.)	2	Both sexes	61.3
		GNP per capita (U.S. dollars, 1994)	2,030

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Namibia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.1 million, of which $3.6 million would be programmed from regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.5 million from multi-bilateral resources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. The proposed four-year programme would be UNFPA's second cycle of assistance to Namibia.

2. The proposed programme was prepared in collaboration with national authorities and non-governmental organizations (NGOs). It takes into account the recommendations of the 1996 programme review and strategy development (PRSD) exercise in Namibia, the Government's overall objectives in population and development as reflected in numerous policy documents, including its poverty alleviation programme, and the harmonized programme cycles and other relevant programme documents of the members of the Joint Consultative Group on Policy (JCGP) and other international and bilateral donors and organizations in the field of population, gender and development. The Country Strategy Note will provide the overall framework for the proposed programme, and a programmatic approach will be followed.

3. The programme aims to help the Government implement a focused, coordinated population programme at the central and regional levels within the context of the National Population Policy, once adopted. To that end, it will assist the Government in integrating population, gender and youth issues into national and sectoral plans, policies and programmes. It will also provide direct assistance to strengthen the human resource and institutional capacity of the Government and NGO partners to provide quality reproductive health, including family planning and sexual health, services for the majority of the population, especially for youth and adolescents. Assistance in developing quality reproductive health services will be focused on the regions most in need, in the north of the country.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in resolution 49/128.

Background

5. Namibia has been classified as a group "B" country under UNFPA's new approach for resource allocation. With a gross domestic product (GDP) of $2.1 billion and a per capita gross national product of $1,610 (1992), Namibia is ranked in the "middle-income" category of countries. Moreover, the nation has progressed towards achieving a number of goals set by the ICPD: 78 per

cent of girls are enrolled in primary schools, 72 per cent of the population has access to health services, and 68 per cent of births are attended by health personnel.

6. But not all of Namibia's social and economic indicators are so positive. Most of the wealth in this post-apartheid society is concentrated in the hands of a small part of the population, and over 20 per cent of the labour force is unemployed. Access to reproductive health services varies significantly from region to region; only 46 per cent of the population has ready access to such services in the north, for example, compared to 100 per cent in the central area and 85 per cent in the south. The northern area, where services are most lacking, is also the most densely populated part of the country, with over 70 per cent of the population concentrated there. Service quality is hampered by a shortage of trained health providers, particularly in rural areas, and by a contraceptive method mix largely confined to pills and injectables. Maternal and infant mortality rates are higher than ICPD threshold levels, while the contraceptive prevalence rate is lower, and the nation ranks among the top 10 countries in the world in terms of percentage of population infected with HIV.

7. Although the Constitution prohibits discrimination on the basis of sex, women's full participation in the nation's social and development process is hampered by legal and customary discriminatory practices, which include preference for boys over girls in school enrolment and laws that limit inheritance to males. Only 43 per cent of girls admitted to primary school complete grade 7, and only 14 per cent complete secondary school; pregnant students are typically expelled from school. In 1992, Namibia ratified the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In 1996, the Government proposed the Married Persons Equality Act, which provides legal guarantees against various forms of inequity faced by women in marriage, but legislative enactment is still pending.

Previous UNFPA assistance

8. UNFPA's first country programme (1992-1996) was approved in the amount of $4.5 million, which the Executive Board later supplemented with an additional $3.7 million, including an earmarked contribution from Denmark. The programme benefited from multi-bilateral funds received from Finland, Luxembourg, Norway and Sweden. The programme was successful in increasing awareness of the links between population and development and helped lay the foundation for Namibia's National Population Policy for Sustainable Human Development. UNFPA support also facilitated the establishment of a maternal and child health and family planning (MCH/FP) unit in the Ministry of Health and Social Services, as well as the drafting of a Safe Motherhood Plan of Action and the approval of a family planning policy. Service providers were trained in MCH/FP management skills and clinical techniques, including the use of an expanded range of contraceptives. Partly as a result of such activities, health facilities offering family planning services increased from virtually none to 93 per cent, and those offering reproductive health services increased from none to 63 per cent. In addition, the training of traditional birth attendants in clinical referral, coupled with the provision

of logistical support, has apparently led to some reduction in maternal mortality in the northern areas. Reproductive health and family life education and gender concerns were successfully introduced into the formal school curriculum.

9. The programme highlighted the importance of allocating sufficient time and resources when undertaking a major population exercise. Namibia had never before staged a census and therefore had limited human capacity in the areas of data collection and analysis. Thus, though the programme's census project was technically well-designed, the budget and the time-frame proved unrealistic, a situation that was exacerbated by governmental restructuring and downsizing.

10. Problems encountered in implementing IEC goals underlined the need for a national IEC strategy, rather than ad hoc activities. Such a strategy should not merely create awareness, but also encourage attitudinal and behavioural changes. Sociocultural and audience research was needed to identify issues, and teacher training in population education was needed to dispel the teachers' discomfort in dealing with sensitive issues. The lesson learned was that ambitious programme goals must be balanced with pragmatic planning and appropriate sequencing of support operations.

11. A project aimed at empowering young people to protect their reproductive and sexual health proved the advantages of planning and implementing activities in collaboration with, and on the terms of, the intended beneficiaries. Young people successfully educated their peers on reproductive health matters via telephone counselling and regional drama performances. Peer education is especially useful in a situation like Namibia's, where health care providers do not always respond to the counselling and reproductive health needs of young people in a non-judgmental manner.

12. The approval of the nation's first National Population Policy for Sustainable Human Development in November 1996 showed that the process of consensus-building in the formulation of national policies is vital in heightening awareness among a wide spectrum of a nation's citizens. In Namibia, such consensus-building enabled the policy to be widely accepted, thus avoiding the need for long debates before its approval.

13. Although programme implementation was constrained by a lack of technical and managerial capabilities, the success of some projects underscored the importance of carefully selecting experts and national project staff, and training that staff at every opportunity. This, it was discovered, leads to increased commitment, an enhanced understanding of issues and improved networking efforts, which in turn contribute to project success.

14. In the area of gender, population and development, project implementation was hampered by the low status of women, due to deep-rooted sociocultural factors, as well as a lack of enforcement of existing laws, an absence of implementing legislation for progressive provisions of the Constitution, and institutional and managerial problems exhibited by the main implementing agency. Lessons

gleaned from these experiences include the following: Government commitment is essential, and full examination of the capacity of implementing structures should be carried out prior to the commencement of activities. Another lesson learned was the value of sensitizing and empowering influential women and men at the grass-roots level via community-based organizations, so they and their communities can communicate their reproductive health needs to service providers and local decision-makers.

Other external assistance

15. Three leading bilateral donors, namely Finland, the European Union and Oxfam (United Kingdom), have contributed to Namibia's integrated health programme in the amounts of $17.5 million (1991-96), $14 million (1995-1998) and $2.1 million (1991-1996), respectively. These financial resources were devoted primarily to human resource development, institutional capacity-building and capital development. Future levels of commitment from these donors, if any, are yet to be determined. UNFPA was the only direct donor to support integrated population and development planning activities as well as the holistic reproductive health approach delineated in the ICPD Programme of Action. During the period of the proposed programme, the reproductive health sector will receive, in addition to UNFPA support, the following assistance: UNICEF ($1.0 million) for adolescent and youth health, including Safe Motherhood and newborn care; the World Health Organization (WHO, $1.0 million) for adolescent and youth health and Safe Motherhood; Germany ($3.2 million) for upgrading regional medical stores and social marketing of contraceptives; and Volunteer Services Overseas ($250,000) for health services, including IEC. The International Planned Parenthood Federation (IPPF) will support family planning services through its newly-formed local affiliate, the Namibia Planned Parenthood Association (NAPPA), commencing in 1997.

16. In early 1997, UNFPA, UNICEF and WHO will jointly help the Government develop a nationwide master plan for reproductive health, including youth health and Safe Motherhood initiatives, in an effort to coordinate the anticipated multi-donor support for reproductive health. Within the master plan, UNFPA, UNICEF and WHO will join in a concerted effort to formulate, finance and implement a youth-friendly reproductive health programme.

Proposed programme

17. During the first country programme, UNFPA supported population activities on a nationwide basis. The proposed programme will continue nationwide support mainly with respect to the development of policies and plans but will focus assistance in the reproductive health area to those parts of the country most in need. The core of the programme, therefore, would constitute support for reproductive health in selected regions that are still disadvantaged in terms of lack of access to, and low quality of, health services -- namely the northeast and northwest regions. There would also be a substantive focus on meeting the needs of adolescents and youth. To facilitate service delivery

to these priority areas, selected key units at the central level will also be strengthened. The second programme would continue the first programme's successful strategy of networking with local community-based organizations and NGOs, since such networking has proved invaluable in providing health services and gender information to disadvantaged rural and peri-urban communities.

18. Reproductive health. More than half of the programme's resources will be devoted to reproductive health activities, in recognition of Namibia's pressing needs in these areas. Moreover, the Fund has a comparative advantage in this sector, because of the previous programme's successes in helping to improve the accessibility and quality of reproductive health services, address the reproductive health needs of young people, and the training of clinical service providers. The second programme would aim to build on these successes.

19. In the underserved northwest and northeast regions, the programme's goals include: increasing from 60 per cent to 100 per cent the proportion of health units that offer reproductive health services; making adolescent reproductive health services available at Ministry of Health and Social Services facilities and all multi-purpose youth centres of the Ministry of Youth and Sport; and increasing supervised deliveries with the aim of reducing the maternal mortality rate by at least 25 per cent. At the national the Fund will provide assistance for strengthening human resource capabilities and institutional capacities regarding the health information system, operational research and IEC in support of reproductive health.

20. In the northern regions, service providers will receive in-service training in reproductive health and family planning clinical methods, family planning counselling and interpersonal communication techniques. Adolescent- and youth-friendly services will be instituted in existing health facilities as well as in youth centres under the Ministry of Youth and Sport. Operating through the United Nations Resident Coordinator system, the programme will support national efforts to address the epidemic of sexually transmitted diseases (STDs), including HIV/AIDS, especially in the heavily affected north and east. In collaboration with the Ministry of Basic Education and Culture, resource materials for teachers will be produced and tested; these materials would cover key "carrier" subjects through which reproductive health and family life education are being introduced into the formal school curriculum. Assistance will also given for the development of materials on reproductive health, including adolescent reproductive health, for literacy classes, which reach some 40,000 students, primarily in the north.

21. In an effort to improve reproductive health services nationwide and particularly in the north, the Fund will assist the Ministry of Health and Social Services at the central level in improving the capacities of the Reproductive Health Unit under the Family Health Division by training its staff to prioritize research activities, undertake operational research, and carry out a feasibility pilot study on various alternatives for the provision of reproductive health services. The programme will also help to produce tailor-made reproductive health pre- and in-service training curricula for the cadre of

service providers in the North, who remain poorly trained, and to improve the health information system, particularly concerning reproductive health indicators. To strengthen Namibia's capacity to support reproductive health through IEC, UNFPA will, in collaboration with appropriate ministries, provide technical support for the formulation of a national IEC strategy.

22. Population and development strategies. This is another area in which UNFPA has a comparative advantage, given its track record of support for Namibia's integrated population and development planning efforts. UNFPA assistance would focus on strengthening the Government's technical and managerial capacities to implement the National Population Policy, particularly through formulation of action plans at the central and district levels. Limited support will be provided to strengthen the capacity of the Central Statistical Office to collect, analyse and disseminate demographic and related socio-economic data will be enhanced. The Population Planning Unit as well as key focal points in ministries and institutions would be helped to integrate population variables into their sectoral plans and programmes, through appropriate human resource development and the timely provision of technical assistance. Support will be given to the National Planning Commission, other line ministries, relevant NGOs and the University of Namibia to augment their capacities to undertake gender research and integrate gender concerns into their activities. The University of Namibia would be assisted in its efforts to incorporate population studies into existing relevant disciplines. The programme would also support the design and implementation of a multisectoral population research programme, to assist in the implementation, monitoring and evaluation of the population policy.

23. Advocacy. The proposed programme would assist the Government in its efforts to remove barriers to the provision of reproductive health services for adolescents and youth -- barriers which include the reluctance of health workers to provide such services. The programme would also support the implementation of policies that would enable pregnant students to continue their educations. To enhance the status of women, the programme would assist such groups as Parliamentarians on Population and Development and the Women's Parliamentary Caucus in their efforts to promote gender equity and to eliminate discriminatory customary practices against women -- including providing boy children with more education than girl children. To build capacity for reproductive rights advocacy, the programme would forge partnerships with NGOs and community-based organizations. Efforts would be made to forge a consensus among decision-makers, particularly at the regional levels, for increased funding of population and development activities stemming from the National Population Policy and other related policies. The programme would utilize the proposed structure of the National Council on Population and Sustainable Development and the regional councils as focal points for launching population advocacy activities.

Implementation, monitoring, evaluation and coordination

24. Priority will be given to the Government and to national NGOs to execute UNFPA-funded projects. In cases where the Government or a national NGO is not in a position to execute a given project, United Nations specialized agencies and/or international NGOs will be called upon as executing agencies after consultation with the Government and taking into consideration their respective comparative advantages. The Fund's office in Namibia will assist the National Planning Commission, as well as other ministries involved in the programme, to coordinate population and development activities. Regular monitoring meetings of the Inter-Agency Technical Committee on Population (IATCP), with representation from relevant government ministries, NGOs, UNFPA and other development partners, are to be held quarterly. The IATCP will meet with its three sub-committees (IEC, reproductive health and research) as necessary. The Country Strategy Note and Resident Coordinator system should further facilitate coordination of initiatives among donors and the United Nations system. The Country Support Team located in Harare, Zimbabwe, will provide technical backstopping to the programme. A mid-term review of the programme will be conducted at the end of 1998. Programme monitoring and evaluation will involve the submission of quarterly technical and financial progress reports on projects as well as annual audit reports, the convening of annual tripartite project review meetings, and the undertaking of field monitoring visits.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance for Namibia as presented, in the amount of $6.1 million over the period 1997-2000, $3.6 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.5 million would be sought from multi-bilateral sources and/or other sources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.